

MICHIGAN

1. NAME OF FACILITY AND LOCATION <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">Brown Corp. - Ionia, Inc. Ionia</div>			
2. PLANT PRIMARY NO <div style="border: 1px solid black; padding: 2px; display: inline-block;">44-3081</div>	3. DATE OF VISIT <div style="border: 1px solid black; padding: 2px; display: inline-block;">2/15/74</div>	4. DATE OF PREVIOUS VISIT <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	5. FACILITY STAFF MEMBER CONTACTED <div style="font-family: cursive; font-size: 1.1em; margin-top: 5px;">Jim Rossio, Per. Insp.</div>
6. NAME OF CERTIFIED OPERATOR IN CHARGE <div style="text-align: center; margin-top: 10px;">W_____</div>		7. DOES FACILITY REQUIRE CERTIFIED OPERATOR? (INDICATE Y OR N IN BOX) <div style="text-align: center; margin-top: 10px;"> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N </div>	8. PERMIT NO <div style="text-align: center; margin-top: 10px;"> </div>
9. REASON FOR VISIT (INDICATE BY WRITING APPROPRIATE LETTER IN BOX) <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 5px;"> <div><input checked="" type="checkbox"/> A. REGULAR SCHEDULE</div> <div><input type="checkbox"/> B. REGION REQUEST</div> <div><input type="checkbox"/> C. FACILITY REQUEST</div> <div><input type="checkbox"/> D. PUBLIC COMPLAINT</div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 5px;"> <div><input type="checkbox"/> E. OPERATOR NOT REPORTING</div> <div><input type="checkbox"/> F. EFFLUENT FAILING PERMIT RESTRICTIONS</div> <div><input type="checkbox"/> G. OTHER</div> </div>			
10. NARRATIVE DISCUSSION OF VISIT AND RESULTS (INCLUDE ANY NAME CHANGES OR OUTFALL DESCRIPTION CHANGES) <div style="margin-top: 10px;"> <p>To: John Cosens</p> <p>From: Jim Rossio</p> <p>Date: February 23, 1974</p> <p style="text-align: right;">Re: Brown Corporation Ionia</p> </div> <p>We visited the above plant on February 15, 1974 to make a routine inspection and discuss the NPDES permit program. They presently are manufacturing stampings for the automotive industry with most of the wastewaters being discharged to the sanitary sewer. There is, however, a process water discharge from the overflow of the bonderina-phosphate operation along with noncontact cooling water discharges to a swampy area behind the plant. These waters are discharged to the ground and not to the surface waters of the State.</p> <p>There are times though when the Grand River is at flood stage and these wastewaters would possibly gain access to the surface waters. However, we feel that since there is no direct outlet then the wastewaters are disposed of to the ground.</p> <p>We collected samples from the process waste overflow and analyzed one set at the Ionia Wastewater Treatment Plant for phosphorus. Our sample was broken in transit back to Lansing. The results of the wastewater treatment plant analyses showed a high phosphorus content from the company's outfall. This high concentration would not be acceptable at the wastewater treatment plant for treatment, and we believe that some treatment may have to be introduced to reduce the phosphorus level to acceptable levels.</p> <p>JR:ec</p> <p>cc: J. Bohunsky Files</p>			
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> EPA Region 5 Records Ctr. 389871 </div>			
<div style="border-top: 1px solid black; width: 100%; margin-bottom: 5px;"></div> Inspector's Signature			
10. EFFLUENT SAMPLE TAKEN? <div style="text-align: center; margin-top: 10px;"> <input checked="" type="checkbox"/> (INDICATE Y OR N IN BOX) </div>	11. DATE FOLLOW-UP VISIT (IF REQ'D) <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> y <input type="checkbox"/> y <input type="checkbox"/> m <input type="checkbox"/> m <input type="checkbox"/> d <input type="checkbox"/> d </div>	12. DATE ACTION REQ'D BY FACILITY <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> y <input type="checkbox"/> y <input type="checkbox"/> m <input type="checkbox"/> m <input type="checkbox"/> d <input type="checkbox"/> d </div>	13. INSPECTOR'S RATING (INTERIM) <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> (INDICATE A, B, OR I IN BOX) </div>